

Case Number:	CM15-0210038		
Date Assigned:	10/28/2015	Date of Injury:	12/15/2014
Decision Date:	12/09/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/26/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker was a 40 year old male, who sustained an industrial injury, December 15, 2014. The injured worker was undergoing treatment for possible left cervical radiculopathy. According to progress note of September 15, 2015, the injured worker's chief complaint was left shoulder pain with some neck pain. The injured worker reported most of the pain was coming from the cervical spine. The examination of the cervical pain noted tenderness at the left paraspinal area. There was tenderness at the medial border of the scapula on the left side. The injured worker lacked terminal 20 degrees of cervical extension. The Spurling's test was negative. The injured worker previously received the following treatments x-rays of the cervical spine which was negative for osseous abnormalities. The RFA (request for authorization) dated September 23, 2015; the following treatments were requested for a cervical spine MRI. The UR (utilization review board) denied certification on September 29, 2015; for the Cervical Spine MRI as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the cervical spine as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Treatment Guidelines states criteria for ordering imaging include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies, not identified here. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the MRI of the Cervical spine nor document any specific clinical deficits to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI of the cervical spine as outpatient is not medically necessary and appropriate.